



MIKE BEEBE
ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL
323 CENTER STREET, Suite 200
LITTLE ROCK, AR 72201-2610 (501) 682-6150

PROMOTIONAL REPORT OF PAID SOLICITOR

Pursuant to Ark. Code Ann. § 4-28-401 *et seq.*, paid solicitors are required to file a financial report for each solicitation campaign with the Attorney General no more than ninety (90) days after a solicitation campaign has been completed and on the anniversary of the commencement of any solicitation campaign lasting more than one (1) year.

INSTRUCTIONS:

- ☐ A. Answer all items completely. This form will be returned without filing if it is incomplete, contains blank responses, or otherwise fails to comply with Ark. Code Ann. § 4-28-401 *et seq.*
- ☐ B. Complete the Solicitation Campaign Financial Report.
- ☐ C. Complete the Attestation. An authorized official of the paid solicitor and two authorized officials of the charitable organization must attest to the report.
- ☐ D. File with: Office of the Attorney General - Consumer Protection Division
ATTN: Fund-Raiser Registration
323 Center Street, Suite 200
Little Rock, Arkansas 72201-2610

NAME OF PAID SOLICITOR

NAME OF CHARITABLE ORGANIZATION

CAMPAIGN START DATE

CAMPAIGN END DATE

NAME AND/OR DESCRIPTION OF PROMOTIONS

TYPE OF SOLICITATION:

- | | | |
|--------------------------------------------|-----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Telephone appeals | <input type="checkbox"/> Sale of goods or services | <input type="checkbox"/> Combined appeals |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Auctions | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Door-to-door solicitations | <input type="checkbox"/> Internet |

CHARITABLE ORGANIZATION (To be signed by two (2) authorized officials of the charity)

I swear and/or affirm under penalty of law that the representations made in this application are true and accurate.

Name of Charitable Organization

Date Signed _____

BY: _____

(Signature)

(Printed Signature)

(Title/Official Position)

STATE OF _____)
) SS.
COUNTY OF _____)

SUBSCRIBED AND SWORN to, before me, a Notary Public in, and for, said County and State, this _____ day of _____, 200_____.

Signature of Notary Public

Printed Signature

My Commission Expires:

I swear and/or affirm under penalty of law that the representations made in this application are true and accurate.

Name of Charitable Organization

Date Signed _____

BY: _____

(Signature)

(Printed Signature)

(Title/Official Position)

STATE OF _____)
) SS.
COUNTY OF _____)

SUBSCRIBED AND SWORN to, before me, a Notary Public in, and for, said County and State, this _____ day of _____, 200_____.

Signature of Notary Public

Printed Signature

My Commission Expires:



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FINANCIAL REPORT FOR PAID SOLICITOR PROMOTIONAL REPORT

Financial Report: _____
(Date range of figures reported)

	1	2	3
a. Total Pledged Funds			
b. Salaries and Commissions			
c. Other Expenses			
Advertising (employment)			
Collection			
Furniture and Equipment			
Office Expenses			
Office Rental			
Telephone			
Postage and Shipping			
Printing and Publications			
Utilities			
Other Expenses			
Total			
d. Direct Event Expenses			
Auditorium Rental			
Booking Fee			
Printing (tickets, program book)			
Event Insurance			
Show Fee (performers)			
Other Direct Expenses			
Total Direct Event Expense			
e. Total Collected Funds**			
f. Total of all Expenses*			
g. Amount Retained by Charity			
h. Amount Retained by Paid Solicitor			

*The amounts in Column 2 should equal the amount on line 3f.

** The amounts on lines 3f, 3g, and 3h should equal the amount on line 3e.